

# Goals for Tots LLC

## 2024 Winter Season

- 1) Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 2) Preschool or Location of Class(After School): \_\_\_\_\_
- 3) Parents Names: \_\_\_\_\_
- 4) Phone (Text Receivable): \_\_\_\_\_
- 5) Emails: \_\_\_\_\_

### INFORMATION:

\*\*\*Classes will begin the Tuesday Morning of Jan 23<sup>rd</sup> – Apr 9<sup>th</sup>\*\*\*  
 \*\*\*No Sessions Mardi Gras Week (Feb 13) / Easter Week (Mar 26)\*\*\*  
 \*\*\*10-Week Season: \$100 (Cash or Check Payable to: Goals For Tots LLC)\*\*\*

\*\*\*If you register during a 10-Week Season, the cost will be pro-rated for the number of days missed from the season (\$10 per session) 1 Session per week\*\*\*  
 \*\*\*All rescheduled sessions will take place the week(s) following the last session\*\*\*

**ALL SESSIONS WILL BE AT THE SCHOOL YOUR CHILD ATTENDS**

#### Waiver of Liability

Parent/Legal Guardian of the participant and/or Participant understands that although this activity is designed to provide a safe level of exercise and enjoyment, there is always an inherent risk that services and participation in such activities may result in injury. Therefore, Parent/Legal Guardian/Participant agrees to specifically assume all risk of injury and hereby waives any and all claims or actions that may arise against GOALS FOR TOTS, LLC, its coaches, and/or volunteers as a result of such injury or risk of injury.

#### Assumption of Risk

Participation in such activities naturally involves the risk of injury, whether participant or someone else causes it. As such, the undersigned agrees, understands, and voluntarily accepts the risk that GOALS FOR TOTS, LLC will not be liable for any injury, including and without limitation, personal, bodily, or mental injury, economic loss or any damage to Participant, the Parent of Participant or the Legal Guardian of Participant. The Parent/Legal Guardian of the Participant agrees that only GOAL FOR TOTS, LLC may use images of sessions for business promotional purposes.

I have read the Waiver of Liability and Assumption of Risk thoroughly and understand the terms. My participation and my execution of this Waiver are both purely voluntary and I elect to do so in spite of any of the risks involved.

**If Participant is under the age of 18, Parent/Legal Guardian must sign:**

\_\_\_\_\_  
 Signature of Parent of Legal Guardian      Participant's Name/Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name of Parent of Legal Guardian      Date: \_\_\_\_\_

\*\*GFT USE ONLY: \$ \_\_\_\_\_ ( ) CHECK ( ) CASH      LOCATION \_\_\_\_\_